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400 Garden City Plaza  
Garden City, New York 11530  
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(516) 742-4366 - Facsimile  
e-mail: intprop@ssmp.com

**SCULLY, SCOTT, MURPHY  
& PRESSER**

**Fax**

*Second Request*

**To:** US Patent & Trademark Office  
Refund Section, Accounting Division  
Office of Finance (Mr. George Allen)

**From:** Linda Hagemeyer/Office Manager

**Fax:** 703-308-6778

**Pages:** 5

**Docket** 10976ZA

**Date:** January 8, 2003

*August 25, 2003*

**Re:** Deposit Account No. 19-1013

**Attn:** Refund Section, Office of Finance

☒ **Urgent**    ☐ **For Review**    ☐ **Please Comment**    ☐ **Please Reply**    ☐ **Please Recycle**

Dear George,

I am sorry to bombard you with these, but I really appreciate your help.

Thanks again, Linda

*Help George! - Thanks so much.*

*Linda*

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*Third Request 2/9/04*  
*Please help!*

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Douglas J. Hilton

Serial No.: 09/908,805

Filing date: July 19, 2001

Docket: 10976ZA

Attention: Refund Section, Accounting Division  
Office of Finance

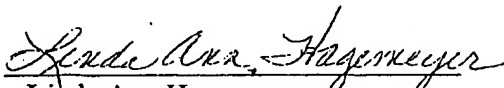
REQUEST FOR REFUND

Sir/Madam:

For the reason set forth below, Applicant(s) representatives request that they be refunded \$864.00 by crediting this amount to Deposit Account No. 19-1013. This amount is the official fee for Multiple Claims, extra independent claims and dependent claims which was charged to Deposit Account No. 19-1013 on July 24, 2001, Control Nos. 177, 179 & 180. (Copy attached)

The official fee for the Multiple Claims, independent claims and dependent claims was enclosed by check which also included the Basic Filing Fee. (Copy of Patent Application Transmittal letter and cancelled check also attached)

It is respectfully requested that Deposit Account No. 19-1013 be credited in the amount of \$864.00.

  
Linda Ann Hagemeyer  
Office Manager

Scully, Scott, Murphy & Presser  
400 Garden City Plaza  
Garden City, New York 11530  
(516) 742-4343  
Dated: January 8, 2003

## Deposit Account Statement

<https://rampsdev.uspto.gov/ram26/Controller;jsessionid=yk8njobu12>UNITED STATES  
PATENT AND  
TRADEMARK OFFICE

Return To:

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Home  
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PageDeposit Account Statement

Requested Statement Month: July 2001  
 Deposit Account Number: 191013  
 Name: SCULLY, SCOTT, MURPHY & PRESSER  
 Attention: DEBORAH SHEEHAN  
 Address: A PROFESSIONAL CORPORATION  
 City: GARDEN CITY  
 State: NY  
 Zip: 11530-0299

DATE	SEQ	POSTING REF TXT	ATTORNEY DOCKET NBR	FEE CODE	AMT	BAL
07/03	33	PCT/US01/17005		704	-\$9.00	\$20,260.88
07/09	28	75494987		364	\$300.00	\$19,960.88
07/09	160	08907792	10783	115	\$110.00	\$19,850.88
07/11	303	09542326	13448	142	\$1,240.00	\$18,610.88
07/12	1	09181384	11825	116	\$390.00	\$18,220.88
07/12	14	09692956	13988	105	-\$130.00	\$18,350.88
07/16	19	09784911		203	\$54.00	\$18,296.88
07/17	1	08722072	10352	116	\$380.00	\$17,916.88
07/20	30	09085087	11425	116	-\$390.00	\$18,306.88
07/20	77	09051939	11375	131	-\$710.00	\$19,016.88
07/20	78	09051939	11375	103	-\$252.00	\$19,268.88
07/20	79	09051939	11375	104	-\$270.00	\$19,538.88
07/20	80	09819097		122	\$130.00	\$19,408.88
07/20	81	09819097		122	\$130.00	\$19,278.88
07/20	185	PCT/US00/34134	14177	190	\$490.00	\$18,788.88
07/20	186	PCT/US00/34134	14177	803	\$137.00	\$18,651.88
07/23	92	09003763	8264/8275ZYI	179	\$710.00	\$17,941.88
07/24	2	09908174	14801Z	101	\$710.00	\$17,231.88
07/24	3	09908174	14801Z	102	\$400.00	\$16,831.88
07/24	4	09908174	14801Z	103	\$396.00	\$16,435.88
07/24	5	09908174	14801Z	104	\$270.00	\$16,165.88
07/24	103	09236964	12311	103	\$144.00	\$16,021.88
07/24	177	09908805	10976ZA	103	\$434.00	\$15,587.88
07/24	179	09908805	10976ZA	102	\$160.00	\$15,427.88
07/24	180	09908805	10976ZA	104	\$270.00	\$15,157.88
07/27	41	09770977		704	-\$216.00	\$15,373.88

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SCULLY, SCOTT, MURPHY & PRESSER  
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YORK

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GARDEN CITY, N.Y. 11530

*John A. Hagemeier*

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# UTILITY PATENT APPLICATION TRANSMITTAL (Large Entity)

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Docket No.  
10976ZA

Total Pages in this Submission

## Fee Calculation and Transmittal

### CLAIMS AS FILED

For	#Filed	#Allowed	#Extra	Rate	Fee
Total Claims	45	- 20 =	25	x \$18.00	\$450.00
Indep. Claims	5	- 3 =	2	x \$80.00	\$160.00
Multiple Dependent Claims (check if applicable) <input checked="" type="checkbox"/>					\$270.00
BASIC FEE					\$710.00
OTHER FEE (specify purpose)					\$0.00
TOTAL FILING FEE					\$1,590.00

- ☒ A check in the amount of \$1,590.00 to cover the filing fee is enclosed.
- ☒ The Commissioner is hereby authorized to charge and credit Deposit Account No. 19-1013/SSMP as described below. A duplicate copy of this sheet is enclosed.
- ☐ Charge the amount of \_\_\_\_\_ as filing fee.
- ☒ Credit any overpayment.
- ☒ Charge any additional filing fees required under 37 C.F.R. 1.16 and 1.17.
- ☐ Charge the issue fee set in 37 C.F.R. 1.18 at the mailing of the Notice of Allowance, pursuant to 37 C.F.R. 1.311(b).

Dated: July 19, 2001

Leopold Presser  
Registration No. 19,827

Scully, Scott, Murphy & Presser  
400 Garden City Plaza  
Garden City, New York 11530  
(516) 742-4343

cc: